

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 77

Primary Registration District No. 3016

Registrar's No. 270

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Mary's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
(Specify whether years, months or days) 25 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26
(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4
(d) Street No. 1428 West Main Street
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Roy Erwin Herrick

3. (b) If veteran, name war..... 3. (c) Social Security No. none

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nell Herrick 6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased October 31 1892
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>53</u>	<u>1</u>	<u>29</u>	hr. min.

9. Birthplace Bethany, Ills
(City, town, or county) (State or foreign country)

10. Usual occupation Tavern Owner

11. Industry or business.....

MOTHER FATHER {

12. Name Erwin H. Herrick

13. Birthplace Ohio (State or foreign country)

14. Maiden name Tamara Oversby (City, town, or county) (State or foreign country)

15. Birthplace Hodge Point, Ills. (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Roy Herrick

(b) Address Jefferson City, Missouri

17. (a) Burial (b) Date thereof Dec-4-1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia, Missouri

18. (a) Signature of funeral director Mark G. Gordan
(b) Address Jefferson City, Missouri

19. (a) 12-3-45 (b) R.P. Harris MD MR
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1945 hour 2 minute 9 M.

21. I hereby certify that I attended the deceased from Nov 27 1945 to Dec 2 1945
that I last saw him alive on Dec 1 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Heart Disease

Due to arteriosclerosis & Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations gfw
Of autopsy scarce

Duration 1 1/2 yrs

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury.....

23. Signature Edio Max... (M. D. or other)
Address Jefferson City MO Date signed 12-3-45

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

6
5
4

RECEIVED

District Health Officer No. 9

District File Number.....

Date Filed 12-18-45

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Fred P. Dulle
Licensed Embalmer No. 3890
P. O. Address Jefferson City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.